

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-027559

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 55

Primary Registration District No. 5043011

Registrar's No. 70

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED JUL 26 1963

1. PLACE OF DEATH

a. COUNTY

Carroll

b. CITY (If outside corporate limits, give TOWNSHIP only)

Carrollton

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

Carroll Co. Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

COUNTY

Carroll

c. CITY  
OR  
TOWN

Carrollton

d. STREET  
ADDRESS

404 N. Folger

3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

Ethel

Belle

Woods

4. DATE  
OF  
DEATH

Month

Day

Year

July

10

1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

7/31/1873

9. AGE (last birthday)

89

IF UNDER 1 YEAR IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Housework

11. BIRTHPLACE (City and state or country)

Carroll County

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

John Powers

13b. MOTHER'S MAIDEN NAME

Pauline Kinnear

14. NAME OF HUSBAND OR WIFE

Frank Woods

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Everett Batchelar Dawn Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE 1- CVA with hemiplegia, right upper & lower extremities.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

Arteriosclerotic Heart Disease with congestive failure

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

2 day

Undetermined.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from July 7, 1963 to July 10, 1963 and last saw her alive on July 10, 1963  
Death occurred at 4:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Doctor or title)

22b. ADDRESS

22c. DATE SIGNED

John H. Platz, M.D.

Carrollton, Missouri

7-11-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

7/12/1963

23c. NAME OF CEMETERY OR CREMATORY

Ennon Cemetery

23d. LOCATION (City, town, or county)

Washington Township Mo.

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Marshall Fun. Home Carrollton, Mo.

7-10-63

Mary Ann Kinnear

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed P. M. Marshall.

Licensed Embalmer No. 2525.

P. O. Address Carrollton MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.